



Fort Carson Trauma-AIMS Registration Form

Registration for the Trauma AIMS program is required. This form should be on file with the EMT School 45 **days prior** to the start date of class.

Class Dates: _____ to _____

Last Name: _____ First Name: _____ MI _____

Rank: _____ SSN: _____ MOS _____ ETS: _____

Unit: _____ Duty Phone _____ Home Phone _____

Email address: _____ EMT-B Expiration Date: _____

I understand that the class starts at 0730 on the above date at BLDG 1012.

If I am not in class at that time on that date, I will be dropped and my Platoon Sergeant and Commander/1SG will be notified.

I do not have a profile restricting me from lifting or carrying at least 125 pounds, I possess a current valid CPR card and I am currently EMT-B certified.

If I am unable to attend the course, I will give the EMT school a minimum of 72 hours notice prior to the start date.

Applications should be submitted no later than 45 days prior to course beginning date.

Student must have CPR and EMT-B cards on registration day or they will not get a seat in the class. Cards should be submitted with applications.

Student Signature: _____ CPR Expiration Date: _____

PLATOON SERGEANT

The above named soldier has the advanced skills required to attend this course (EMT-B and CPR).

Rank: _____ Last Name: _____ First Name: _____

Signature: _____ Phone: _____

UNIT COMMANDER or 1SG is approving authority and validates that the above soldier will attend the course.

SUPERVISOR: for civilian personnel

The above named soldier has unit authorization to attend the Trauma-AIMS course on the above dates and has no further additional duties or obligations during the course (CQ, SDO, etc).

Rank: _____ Last Name: _____ First Name: _____

Commander/1SG Signature: _____ Commander/1SG Phone: _____

MAJOR COMMAND TRAINING NCO (BRIGADE LEVEL)

Rank: _____ Last Name: _____ First Name: _____

Signature _____ Phone: _____

Questions may be addressed at BLDG # 1012 or phone 526-2820 / 8590. Fax 526-5351.